

Agency Letterhead

Date:

Delivery Confirmation: #

Employee

Address

Address

City, State, Zip Code

RE: Disability Insurance Program (DIP) Transition from Short-Term Disability (STD) to Long Term Disability (LTD)

Dear Employee's Name :

This letter is to advise you that upon the exhaustion of the maximum 182 calendar day Short Term Disability (STD) benefit period, you shall no longer be an employee of the State or any of its political subdivisions, [Ref. 29 Del. C. §5253c (5)]. Prior to the commencement of Long Term Disability benefits, you may make written request to escrow accrued annual and sick leave for a period of six months. If this office does not receive your written request to escrow accrued annual and sick leave prior to commencement of Long Term Disability (LTD) benefits, accrued annual and sick leave will be paid off based on the rules in place (Ref. Merit Rules 5.2.8 and 5.3.4.1). For your convenience you may use this letter for your written request to escrow your leave by simply signing, dating and returning to this office.

Escrowed annual and sick leave balances will be returned to the employee upon return to a full-time benefit eligible State employment for at least 30 calendar days within the six month escrow period. An employee who escrowed annual and sick leave balances who is not approved for LTD or does not return to State employment in a full-time benefit eligible position for at least 30 calendar days within the six month escrow period will receive a payoff of unused annual and sick leave at the end of the six month escrow period based on the rules in place.

The Long Term Disability benefit payment will be 60% of pre-disability base earnings (at the onset of your disability) plus hazardous duty pay, if applicable, paid to you on a monthly basis by The Hartford. The maximum monthly payment will be \$8,000. Within forty-five (45) days of The Hartford's request, you are required to apply for the Social Security Income (SSI) disability benefit from the Social Security Administration. If denied SSI benefits, you are required to follow and exhaust the Social Security appeals process.

The Office of Pensions will be sending you information about your continued eligibility for enrollment in the life, medical and dental care programs sponsored by the State of Delaware. Please refer to the enclosed Long Term Disability plan booklet and contact this office should you have any questions.

I request to escrow my annual and sick leave balances	
Employee signature:	Date:

Sincerely,

Name

Title

Phone

Enclosure(s)